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The Italian Agreement between the Government and the Regional Authorities: National Guidelines for AAI and Institutional Context

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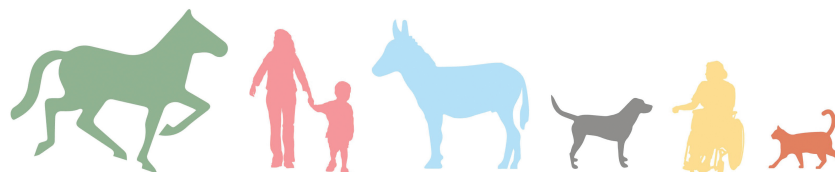
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The Italian Agreement between the Government and the Regional Authorities: National Guidelines for AAI and Institutional Context

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Abstract Animal-assisted interventions (AAI) have developed considerably in the last half century, prompting various private and public realities dealing with AAI worldwide to work on and establish standards and best practice. However, AAI are still far from being regulated harmoniously. In this context, Italy offers a unique example at world level: here the spread of AAI has set in motion an ethical and legal reflection that led to the creation of the Italian National Reference Centre for AAI (NRC AAI) by ministerial decree in 2009 and the approval of National Guidelines for AAI in 2015. The Italian legislation on AAI is based on the One Health approach, which has been part of Italian health culture and institutions since the Renaissance. The synergy between human and veterinary medicine is the core of this theme: in other words, One Health represents a multidisciplinary approach aimed at best protecting the health and well-being of all those who share our planet. In Italy, human and veterinary medicine have both been placed under the umbrella of the Ministry of Health since its establishment in 1958. The same idea of collaboration is at the heart of the Italian legislative approach to the AAI field, given the inherent multidisciplinary nature of these interventions. This applies to all indications provided by the National Guidelines, for example the distinction between the various types of interventions, the animal species involved, the roles within the multidisciplinary team, and the training programs for each professional figure. In addition, the National Guidelines are intended to be amendable according to the needs arising over time from daily practice: in fact, the constant contact and dialogue between institutions and AAI professionals is another pillar of the Italian approach.

(1) Italian National Reference Centre for Animal Assisted Interventions; (2) Italian National Reference Centre for Animal Assisted Interventions; (3) Italian National Reference Centre for Animal Assisted Interventions; (4) Italian Ministry of Health; (5) Italian Ministry of Health; (6) Italian Ministry of Health; (7) Italian Ministry of Health; (8) Italian National Reference Centre for Animal Assisted Interventions

Introduction

Although the term “One Health” is fairly new, it is already widely recognized both nationally and globally as a key word to guide action in the health sector. Although human and veterinary medicine were de facto practiced separately until the 20th century, scientists of the caliber of Rudolph Virchow, William Osler, and Calvin Schwabe have noted the similarities between disease processes in animals and humans since the 1800s, focusing in particular on zoonoses and food-borne infections as the greatest risks of human-animal coexistence. The growing awareness of the linkages between human and veterinary medicine, together with the need for collaboration, has led over time to the development of the concepts of “One Medicine,” “One Health,” and “One Welfare” (Cardiff, Ward, & Barthold, 2008; Colonius & Earley, 2013; Pinillos et al., 2016; Schwabe, 1984; Zinsstag, Schelling, Waltner-Toews, & Tanner, 2011; Zinsstag et al., 2015). At the heart of all these notions is the close collaboration between all health scientists, and especially between veterinary and human professionals, in order to “attain optimal health for people, animals and our environment” (American Veterinary Medical Association, 2008). In addition, integrating the notions of One Health and One Welfare leads to enhancing transdisciplinary cooperation and creating holistic approaches—taking into account not only scientific, ethical, and economic aspects but also religious, cultural, and international trade policy issues (Colonius & Earley, 2013; Pinillos et al., 2016).

This conceptual framework applies well to companion animals, since they live in direct contact with humans and have a direct impact on One Health: in fact, it is becoming increasingly clear that they contribute significantly to human health and well-being (Friedmann & Son, 2009; McNicholas et al., 2005; Wells, 2009), and therefore to society and the broader economy (Mills & Hall, 2014; Takashima & Day, 2014). If the concept of One Health (and before that, One Medicine) has traditionally focused on the link between people and livestock, its integration with the complementary concept of One Welfare

allows for consideration of companion animals too: at which point “companion animal welfare might be both a means for, and a measure of, improving the health and welfare of society” (“Thinking Beyond One Health,” 2012).

So, for instance, the economic impact of companion animals on our societies and national healthcare services (NHS) is beginning to be investigated more thoroughly. At the European level, the FEDIAF Facts & Figures 2016 report shows that around 80 million households own at least one pet animal: this leads to an annual expenditure for pet-related products and services (e.g., accessories, veterinarians, insurance, vaccination) of €16 billion and also has a significant influence on employment, with around 900,000 employees in pet-related fields, such as veterinarians and pet specialist stores (European Pet Food Federation, 2016).

As regards Italy, the ASSALCO-ZOOMARK 2017 report on pet food and pet care shows that there are more than 60 million companion animals in the country—on average, one pet per person. It is to be noted that 90% of pet owners believe that companion animals bring real benefits to their quality of life, and 59% would spare no expense for their pet’s maintenance. In 2016, the total turnover for dog and cat food products in Italy reached €1.971 billion value, whereas the accessories segment has a turnover of €72.3 million (ASSALCO-ZOOMARK, 2017). Concerning in particular the Italian elderly population (over 65 years), about 55% of them currently keep one or more companion animals, which enhances their physical and mental well-being (Senior Italia FederAnziani, ANMVI, 2017). It is estimated that pet ownership among over-65s has an economic value of around €1.4 billion/year and that it would produce about €4 billion of annual savings for the Italian NHS in managing chronic diseases, that is, hypertension, diabetes, and depression (Senior Italia FederAnziani, 2015). A similar estimation was recently made by Hall and colleagues for the UK, where about 46% of households own a companion animal and pet ownership in general would reduce the use of the NHS to the value of £2.45 billion/year (Hall, Dolling, Bristow, Fuller, & Mills, 2017).

One Health and the Italian Legislation on Animal-Assisted Interventions (AAI)

Given the role that companion animals play in our societies and the consequent connection with One Health, it is reasonable to think about an application of the One Health framework to the field of animal-assisted interventions (AAI). In fact, the latter two seem to be linked in a twofold sense: First, for the just mentioned impact of companion animals on One Health, which is even more relevant in the case of AAI, since they are specifically designed to (positively) influence the health and well-being of the people involved. Second, for One Health's focus on the human-animal-environment interface, which is crucial to the AAI field as well. Furthermore, it should be borne in mind that One Health has evolved over time from a concept mainly related to communicable diseases to a concept also linked to mental and social well-being—which happen to be important areas of intervention for AAI.

In Italy, the notion of One Health has been part of the country's tradition since the Renaissance (Battelli & Mantovani, 2011; Cacaci & Lelli, 2017), and in recent times it has represented the principle underlying the organization of the Italian public health sector. In fact, the Italian model is characterized by the conception of a structural collaboration between human and veterinary medicine, based on the idea of a close interaction between human and animal health. Indeed, the two branches of medicine have both been under the umbrella of the Ministry of Health since its creation in 1958—unlike what has happened in most other countries, where the veterinary services have been integrated in the departments of agriculture (Battelli & Mantovani, 2011). This organizational vision was at the heart of the first major Italian health care reform in 1978 and has anticipated decisions taken subsequently in Europe, for example in the structuring of the European Commission's Directorate General for Health and Consumer Protection (DG SANCO) established in 1999 (Battelli, Baldelli, Ostanello, & Prospero, 2013). As stressed by Adriano Mantovani, the “synergy between human

and veterinary medicine is not only a must for public health, but also implies ethical considerations”: these are found, *inter alia*, in the common sharing of the environment, hence in human-animal coexistence, which cannot be managed by human medicine alone (Mantovani, 2008). It is on these cultural and political grounds that Italy has taken the path of legislative regulation of the AAI sector.

AAI in Italy and the Early Stages of the Legislative Process

In Italy, as well as in other countries, the field of AAI has developed by making the human-animal bond an instrument for improving the health and well-being of people (and in particular sick and disabled people, children, and the elderly), while safeguarding and possibly enhancing animal welfare. At present, in various countries worldwide several public and private health and social institutions, nongovernmental organizations, charity foundations, and associations are developing a number of actions related to AAI. These are currently being introduced in various settings, such as hospitals (Muñoz Lasa, Ferriero, Brigatti, Valero, & Franchignoni, 2011), nursing homes (Holt, Johnson, Yaglom, & Brennan, 2016; Moretti et al. 2011), schools (Beetz, 2013), prisons (Allison & Ramaswamy, 2016; Contalbrigo et al., 2017), and care farms (Pedersen, Martinsen, Berget, & Braastad, 2012).

In general, AAI are still not standardized and regulated homogeneously, although some best practice and theoretical distinctions have started to spread among the operators in the sector. However, given the frequent involvement of vulnerable population groups, AAI should be based on rigorous scientific criteria and require specific rules to protect both the patients/clients and the animals involved. In Italy this awareness has gradually developed, leading in the last 20 years to the path of regulation and standardization of AAI at the national level—a path that has taken into account the One Health approach from the beginning, not least its ethical aspects.

The first legislative proposal tabled in the Chamber of Deputies dates back to 1997 and was based

on the assumption that pets provide humans with social support and positively affect patients' health conditions as a kind of co-therapy. Since then, six other draft laws have been submitted to—though not approved by—the Chambers, the last being the proposed “Framework Law and Delegation to the Government for the Codification of Legislation on Protection of Animals” (Atto Senato 1482, 2014) tabled in the Senate in May 2014.

In the meantime, three other important documents have been produced: the Modena Charter in 2002, the Agreement on the Welfare of Companion Animals and Pet Therapy in 2003, and the opinion of the Italian Committee for Bioethics (ICB) on the ethical issues related to pet therapy in 2005. The Modena Charter (“Charter of Values and Principles on Pet Relationship”) was written with the sponsorship of the Ministry of Health and the National Federation of Italian Veterinarians (FNOVI)—to name but two of the contributors. The charter recognizes that “the human-animal interaction has important emotional, cognitive, educational, care and therapeutic significance that should be promoted, safeguarded and valued within our society” (Modena Charter, 2002).

On February 6, 2003, the Agreement between the Ministry of Health, the Regions and the Autonomous Provinces of Trento and Bolzano on the Welfare of Companion Animals and Pet Therapy was approved. Continuing on the same lines as the Modena Charter, it enshrines the commitment of all the actors to promote the correct coexistence between people and companion animals, acknowledging the role of the latter in innovative therapeutic contexts and the need for the protection of their ethological well-being (Agreement, 2003).

Finally, the opinion “Ethical Issues Concerning the Use of Animals in Activities Related to Human Health and Well-Being” was delivered by the ICB in 2005. It is a clear evidence that an ethical reflection has accompanied the process of legal harmonization of the field of AAI from the beginning. In this document some critical ethical issues are identified, such as the need for the assessment of the benefits, as well as the risks, for the human side of the interventions,

and the duty to ensure animal welfare permanently, also making efforts to create the conditions for its enhancement (Italian Committee for Bioethics, 2005). The basis for this ICB opinion was the partnership between human and veterinary medicine, always in step with the one between human and animal ethics.

All these stages and the contributions they brought have culminated in two crucial events in the Italian history of AAI, representing at the same time a unique example on a worldwide level: the establishment of a National Reference Centre for AAI and the approval of National Guidelines to regulate the field.

The Italian National Reference Centre for AAI and the Agreement between the Government and the Regional Authorities on the Document Bearing National Guidelines for AAI

The Italian National Reference Centre for Animal Assisted Interventions (NRC AAI) was established by Decree of the Ministry of Labour, Health and Social Policies on June 18, 2009 and was placed at the Istituto Zooprofilattico Sperimentale delle Venezie, a public health institute belonging to the NHS. The Centre's mission includes the promotion of research for the standardization of operating protocols concerning the health and behavioral control of animals involved in AAI; the strengthening of collaborations between human and veterinary medicine, in order to identify operational and research synergies; the enhancement of knowledge on the applicability of AAI in given categories of patients; the organization and management of training courses; and the collection of data and dissemination of information to the international scientific community.

The NRC AAI's past and current research projects have provided relevant data on the development of AAI on the national territory (De Santis et al., in press; Pinto, De Santis, Moretti, Farina, & Ravarotto, 2016) and have contributed to deepening scientific knowledge in the field (Borgi, De Santis, Contalbrigo, Farina, & Cirulli, 2016; Contalbrigo et al., 2017; De Santis et al., 2016; Farina et al., 2016).

Moreover, participation in international conferences allows the NRC AAI to share the Italian experience with other countries and AAI providers (Farina, Contalbrigo, & De Santis, 2015; Farina & Moretti, 2014), while gaining more knowledge about their own practices.

Focusing on the Italian legislative framework, one of the NRC AAI's most important actions so far has surely been the contribution to the drawing up of the Italian National Guidelines for AAI, alongside the Ministry of Health. These were approved, after about four years of drafting, with the Agreement between the Government, the Regions and the Autonomous Provinces of Trento and Bolzano of March 25, 2015. The agreement and the guidelines were designed to represent respectively the permanent base and the amendable Annex, in order to have the possibility to modify and/or extend what has been laid down so far—which is essential when dealing with a constantly changing field like AAI. The aim of the agreement and the guidelines as a whole is to define operational standards for the correct and uniform implementation of AAI on the national territory, to identify tasks and responsibilities of the professionals dealing with AAI projects, and to specify their theoretical and practical training conditions.

They rely on some fundamental pillars, the first of which is the bio-psycho-social model of health (clearly in line with the One Health perspective), which takes into account the biological, psychological, and social factors that influence human health and disease. This holistic approach has to do with the WHO definition of health of 1946—“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2014)—and also with the theory of determinants of health (Commission on Social Determinants of Health, 2008). It is clear that dealing with the various facets of health implies a close collaboration between different fields and professions: the same dynamic is at work in the AAI sector, where multidisciplinary and the networking of local and national services are the key to successful interventions. This fact is fully recognized by the Italian legislation, besides being incorporated

in one of the most important documents regarding AAI, the IAHAIO (International Association of Human-Animal Interaction Organizations) White Paper of 2014: “Given the biological and psychological evidence for the innate affinity of humans to companion animals and vice-versa and a commitment to their health and welfare, the members of the International Association of Human-Animal Interaction Organizations overwhelmingly embrace the concept of ‘One Health,’ which asserts that the health and wellness of animals, people, and the environment are inextricably linked” (IAHAIO White Paper, 2014). In fact, it seems that in Italy there has been a parallel path to that of IAHAIO in the elaboration of various ideas, the first of which is precisely the applicability of the One Health approach to AAI due to its multidisciplinary nature. Other pillars of the Italian guidelines are the ethics of the service to the person, the protection of animal welfare, and the ethics of the design and conduct of research, along with the ethics of evaluation and communication on the outcomes.

If the first consideration found in the agreement is that “companion animals play an important role as mediators in therapeutic, rehabilitation and educational processes, and there is increasing scientific evidence of their efficacy,” it also acknowledges the need for some specific regulations for protecting both the human and the animal subjects involved (Italian National Guidelines for AAI, 2015, p. 7). For this purpose, as stressed at the beginning of almost every article of the agreement, it is important that each region and autonomous province is committed to laying down provisions related to the various issues of AAI's practice. For the details concerning the actions to be taken and the standards to conform to, reference is made to the provisions of the National Guidelines.

The Main Contents of the Italian National Guidelines for AAI

The Italian National Guidelines first of all define AAI as interventions with “therapeutic, rehabilitation, educational and recreational goals, with

the involvement of pet animals” (Italian National Guidelines for AAI, 2015, p. 18). Moreover, they are addressed mainly to people with physical, neuromotor, mental, and psychological disorders, but also to healthy people. Depending on the areas of activity, a distinction is drawn between three types of AAI, followed by the clarification of the characteristics of each type of intervention: animal-assisted therapy (AAT), animal-assisted education (AAE), and animal-assisted activity (AAA)—a distinction that mirrors the one made in the IAHAIO White Paper. AAT is a kind of co-therapy aimed at treating physical, neuromotor, cognitive, emotional, and attachment disorders, in synergy with traditional medical treatments; they are individualized for each patient and need a medical prescription. AAE aims to promote, activate, and support the individual’s resources and growth potential, as well as his/her social inclusion; it can be addressed to individuals and to groups, always contributing to enhancing their well-being and capacity to adapt to their living environments. Finally, AAA has recreational and socialization goals; in particular it aims to improve the quality of life and promote proper human-animal interaction (Italian National Guidelines for AAI, 2015, pp. 18–19).

For the correct implementation of AAI projects, and in particular of AAT and AAE, the involvement of a multidisciplinary team is required to effectively manage the complexity of the human-animal interrelation, and to make it beneficial to both sides. Chapters 4 and 9 of the guidelines deal respectively with the definition of the different professional figures and their required qualifications, and with the training courses necessary to obtain the attestation of competence and thus be able to work in the AAI field. In fact, the team should always include at least a veterinarian and an animal handler in charge of the animal, plus another person—a sanitary professional (AAT) or an educationalist (AAE), depending on the project—who is in charge of the patient/client. All this is under the supervision of the project manager, who appoints the team members and coordinates them in the definition of the project’s objectives and methods.

To be truly beneficial, the relationship between the patient/client and the animal should be of good quality—that is, it should be positive and motivating for both sides and neither of them should be considered as a mere means to an end. This can be achieved through proper management of the interventions, which implies that the team responsible for their design and implementation should be well prepared. For this reason, the Italian guidelines describe the minimum contents and duration of the training courses that each professional figure needs to attend in order to be able to design and/or put into practice an AAI project. This includes general and specific training, not only in relation to the characteristics of patients/clients and animals, but also to the ability to work collaboratively in a heterogeneous group. In particular, the training program includes a preparatory and an advanced course, common to all the professionals, with a basic course in between, which instead is differentiated for each figure (Italian National Guidelines for AAI, 2015, pp. 27–35).

With regard to the animals involved in AAI, Chapter 8 of the guidelines provides that they should be members of the domestic species able to establish social relationships with humans, in particular dogs, horses, donkeys, cats, and rabbits (Italian National Guidelines for AAI, 2015, p. 25). A series of sanitary and behavioral requirements needs to be met and some special training is needed to prepare the animals for their involvement in the interventions—although no details are provided concerning the educational steps to be followed, nor is there a specific training and assessment of the handler-animal pair. Great attention is also paid to animal welfare, given the fact that “the involvement in AAI represents a work activity that can be stressful for the animals” (Italian National Guidelines for AAI, 2015, p. 26), making the intervention result useless or even harmful for both sides. This is why it is stated that the team’s veterinarian, if necessary with the collaboration of expert veterinary behaviorists and ethologists, should make a prior assessment, and then monitor the animal’s conditions both during sessions and in periods of inactivity: this can be done via clinical and behavioral visits, during which every

tiny physiological and behavioral variation should be recorded, possibly using scientifically validated indicators.

In addition, the facilities in which AAI are delivered need to be structured in such a way as to guarantee health protection and safety both of the patients/clients and the animals. In Chapter 5 of the guidelines a distinction is drawn between Specialized and Non-Specialized AAI Centres that may or may not have residential animals. In all these cases, some structural and management requirements need to be met (Italian National Guidelines for AAI, 2015, pp. 21–22). Moreover, the facilities, professionals, and operators that deliver AAI have to register with the Local Health Unit.

Taking Stock of the Italian Legislative Process on AAI

Though it may be too early to make a comprehensive assessment of it, we can already highlight some weaknesses and strengths in the process that has led to the current legislative framework on AAI in Italy. One of the factors that has made the regulation process difficult is the inherent variability in AAI: in fact, AAI have always consisted of initiatives that have come into being spontaneously, as bottom-up initiatives, organized by operators with very different backgrounds and ways of working. This has also led to the emergence of different schools of thought, often acting in a self-referential way and thus difficult to bring together. In this context, there has always been large variability in the types of activities, categories of recipients, and settings of AAI. In a situation so varied, standardization is difficult, especially if the purpose is to promote the high quality of the interventions.

This brings us to consider what has been a key to success in the process. A good connection between institutional authorities, technical bodies, and associations has proved decisive for the development of the guidelines: it allowed having different perspectives on the field and taking account as much as possible of the existing practices. This is something that other

countries could apply in their own reality: establishing a link with political institutions, local authorities (e.g., départements in France, Länder in Germany, cantons in Switzerland), and organizations that collect and represent AAI providers at the national level should be the first step when the regulatory process is initiated. However, it is also useful when the process is well under way to organize joint initiatives (e.g., conferences) between private and public entities, in which politicians and local authorities are also invited to participate. For example, in September 2015 the workshop “AAI Guidelines: Shared Reflections and Proposals” was hosted by the Italian Ministry of Health in Rome. It was addressed to the Italian AAI operators and was designed to ensure a democratic and broad participation of the stakeholders, giving everyone the opportunity to be present as a speaker (via an online platform that allowed voting on the topics and the 15 speakers selected) and also leaving ample room for plenary discussion.

Another valuable achievement in the Italian regulation process has certainly been the clear definition of the roles and training requirements for the professionals within the multidisciplinary team. Its composition in the case of AAT and AAE, as described in the guidelines, is based on the so-called diamond model (Brooks, 2006)—namely, it always includes at least a professional in charge of the patient/client and one in charge of the animal involved. This structure provides for a clear division of responsibilities and guarantees, *inter alia*, due attention to both people and animals in the setting—as opposed to the so-called triangle model, in which one professional is in charge of both sides of the balance. This is one example of the great attention that has been paid to both human and animal well-being during the legislative process. In this regard the guidelines for AAI seem to contribute to the human-animal bond in general: in fact, the care and respect for the animals involved in AAI apply well to all human-animal interactions, hence the guidelines end up being part of those political and cultural factors that increase awareness about animal welfare. Furthermore, they mirror the Italian situation of the human-companion animal relationship, which is becoming increasingly close and

significant. On the other hand, the diamond model approach and the training requirements for the professionals raises the problem of the economic sustainability of AAI: this issue is particularly difficult to address in the Italian context, where the reduction of the healthcare expenditure is an important part of the government's program. Therefore the financial aspect will have to be one of the issues to consider in the near future, perhaps leading to the strengthening of the role of private funding.

Another general point concerns the crucial role played by the One Health concept in the development of the legislative framework on AAI. We have already mentioned how the two elements seem to be connected, especially given the multidisciplinary that characterizes both of them. In particular, One Health's perspective on the environment can be usefully adapted to AAI to advance research on the social, cultural, political, and economic factors constituting the environmental impact on AAI (Chalmers & Dell, 2015). In fact, in the Italian guidelines much attention is paid to the setting of the interventions, to the facilities and their requirements. This is one of the ways the One Health framework makes an original contribution to this new field. Actually, if we talk about the Italian context, the One Health concept is not new from the cultural and political point of view—in a way, it is already part of the Italian way of thinking and acting, due to the abovementioned historical reasons. This could be the reason why the affinity between One Health and the regulation of AAI has come naturally, especially with regard to the core of both of them, that is, multidisciplinary.

Current Challenges and Future Perspectives

As referred to above, the Italian guidelines are meant to be amendable and improvable according to the needs arising during the implementation by the Italian regions. This improvement process has already begun with the organization of the aforementioned workshop at the Ministry of Health in September 2015 that was attended by more than 200

operators. After having collected the views of the participants and having allowed a broad discussion with the institutional authorities on the issues raised, a final report showing the highlights was produced (Italian Ministry of Health, Italian National Reference Centre for AAI, Istituto Zooprofilattico Sperimentale delle Venezie, 2015) as a basis for drawing up possible amendments of the guidelines. In light of this report, three different working tables were subsequently created by the Ministry of Health with the aim of responding to the concerns of the stakeholders: a working table with physicians experienced in AAI, one on equestrian rehabilitation, and one for the coordination of the regional implementation of the guidelines. At the same time, the cooperation between the Ministry of Health and other ministries is being strengthened to address some individual issues—for example, with the Ministry of Education for training matters, or the Ministry of Agriculture for the involvement of farm animals in AAI.

The regional implementation process requires particular attention in order to ensure as much uniformity as possible within the Italian territory. For this reason the NRC AAI and the Italian Ministry of Health are currently developing, with the collaboration of the Italian regions, the “DigItal Pet” project: its objective is the construction of a single IT-tool at the national level for the management of the official lists of the specialized centers and recognized structures, professionals involved, AAE and AAT projects, and identification number of AAI animals. This is intended as a further tool to raise the quality level of AAI programs: in fact the lists will be managed by the regional authorities and transmitted to the NRC AAI, and will therefore give guarantees on the qualifications of the professionals. Moreover, they will act as a form of professional promotion for the operators, and this should in turn have positive effects on their financial welfare.

The expansion of high-quality AAI, which is the aim of the agreement and guidelines, is something that will take time, but we have already started to see some results. Although it is a soft law without an enforcement system, the new regulation has given to the Italian practitioners an institutional reference

system and standards to conform to. It is possible that we will not come to a situation where every operator and training provider strictly observes the rules, but in the meantime the users themselves will become increasingly able to discern the high- and low-quality AAI courses and projects. On the other hand the institutions, for their part, will have to pay systematic attention to what happens on the territory and understand the needs of all the stakeholders.

In general, it is and will always be necessary to maintain contact with the realities that deal with AAI on the national territory: this is done, *inter alia*, through dissemination of accurate information, both theoretical and practical—which is one of the NRC AAI's mandates, as said above—and the response to the concerns of public and private entities that put AAI into practice every day.

Conclusions

The approval of the agreement between the government and the regional authorities and, along with it, of the National Guidelines for AAI in March 2015 marked a great step forward on the road to regulation and standardization of the AAI field in Italy. It represents a unique example in the world of how the national institutions establish boundaries and provide indications for the correct implementation of AAI. This is key for the protection of both humans and animals involved, and for guaranteeing the safety and effectiveness of the interventions—thus their overall quality.

Surely, the guidelines are not definitive: on the contrary, there is room for improvement, on the understanding that the collaboration between different professional fields must remain at the heart of AAI. The other important element is the constant contact and dialogue between the parties involved in the development of the AAI sector, in particular between the institutions—that is, the Ministry of Health, the Regions, the Local Health Units and the NRC AAI—and the realities operating on the national territory. The balance between the everyday practice (bottom-up approach) and the legislative regulation

(top-down approach) could be the most appropriate way of developing a field that is as promising as it is ever-changing.

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